PRINTED: 04/10/2014 Division of Health Care Facilities FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 - MAIN BUILDING 01 COMPLETED TN8001 04/08/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE KINDRED NURSING AND REHABILITATION-SM 112 HEALTH CARE DR CARTHAGE, TN 37030 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1200-8-6-.08 (1) Building Standards This Plan of Correction is the center's credible N 831 allegation of compliance. A nursing home shall construct, arrange, and Preparation and/or execution of this plan of correction maintain the condition of the physical plant and does not constitute admission or agreement by the the overall nursing home environment in such a provider of the truth of the facts alleged or conclusions manner that the safety and well-being of the set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because residents are assured. it is required by the provisions of federal and state law. N831 05/20/14 It is the practice of this Center to Maintain the condition of the physical plant This Rule is not met as evidenced by: and the overall nursing home environment in Based on observation, it was determined the such a manner that the safety and well being facility failed to maintain the overall plant and the of the residents are assured. nursing home environment. The bathroom door to resident room 505 was repaired on 04/11/14. A tour of the The findings included: Center to inspect each resident room bathroom door by the Plant Operations On 4/6/14 at 1:15 PM, observation within room Director was conducted by 04/30/14...Any 505 revealed the veneer on the bathroom door door to be found deficient to be repaired or was loose. replaced. The Plant Operations Director to check The findings included: resident room bathroom doors for condition as part of the Center PM Program monthly This finding was acknowledged by the for 3 months and Quarterly thereafter. Administrator and verified by the Maintenance Results to be posted in the PM Maintenance Director during the exit interview on 4/6/14. Log and reported to the Center Safety Committee. Continued compliance will be assured through monitoring by Plant Operations Director and Administrator. Non-compliance will be corrected immediately and reported to the Safety Committee. The Safety Committee reports to the Performance Improvement Committee (QAA) Committee. Documentation in the PM Logs are reviewed by the Safety Committee and the Facility Performance Improvement (QAA)

Division of Health Care Facilities

LABORATORY DIBECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

Cedministration

(X6) DATE

If continuation sheet 1 of 1

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Administrator and			Directors of: Soc Services; Act; B Ofc; Dietary Services, Hskg/Launc Maintenance, Med Records and PI	usiness Irv		
	d verified by the Maintenance se exit interview on 4/6/14.		Team Leader(s). The Administrator is responsible for compliance			
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on of Health Care Facilities RATORY DIRECTOR'S OR PROV	IDERICUPPLIER REPRESENTATIVE'S SIGN,	ATURIS	ŢITLE	CXB) DATE	

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